

and now former Director, Dr. Gary Nabel. Most vaccines spur production of a person's immune system's antibodies that block a virus from entering the cells, but that approach doesn't work for Ebola.

Gene-based vaccines can induce additional virus fighters called T-cells, so that is what Dr. Sullivan created, using pieces of Ebola genetic material. It is the most promising approach yet, and it is being tested in the parts of West Africa that have been hit the hardest with Ebola, where more than 9,000 people have died.

The concept for Dr. Sullivan's vaccine has been 16 years in the making, beginning back when few people outside the global infectious disease community had even heard of the deadly disease. Over the years, Dr. Sullivan and her team continued to tweak her ideas, constantly improving on them. Eventually she followed Dr. Nabel to NIH.

Many experts in the vaccine research community had begun to believe Ebola was insurmountable. They thought it was too aggressive for a vaccine to ever protect against it. But Dr. Sullivan never lost heart that her work would one day prove successful.

The Ebola virus infection is a highly lethal disease for which there are no effective therapeutic or preventive treatments. Consequently, work with these viruses requires highly specialized BSL-4 containment labs—the highest biosafety labs. Dr. Sullivan is a leader in the field and has personally conducted many of the most critical experiments. Her work on immunology and vaccine development is widely considered as some of the very best in the field. In spite of the difficulties associated with access to BSL-4 labs, her work has consistently been the source of novel observations.

Dr. Sullivan received her Ph.D. in cell biology from Harvard University in 1997. She received her master of science in environmental engineering in 1989, also from Harvard University.

I brought a poster to the floor where we see President Obama visited NIH to personally congratulate Dr. Sullivan for her incredible work on behalf of world health.

Some people may be familiar with the TV show "House." The main character, Dr. Gregory House, is brilliant at diagnosing conditions and illnesses that baffle everyone else. The real-life Dr. House is Dr. William Gahl, the founding Director of the Undiagnosed Diseases Program at NIH. He is America's leading medical detective, a physician dedicated to finding answers for long-suffering patients with mysterious illnesses that long eluded diagnosis. Dr. Gahl has brought together a unique combination of elite medical specialists, researchers, and Federal resources to solve baffling illnesses and provide desperate patients and their families with information and possible solutions and treatments for their often life-threatening ailments.

Results include diagnosis and treatment of diseases so rare they don't even have names, plus new genetic discoveries, improved disease management, and the advancement of medical knowledge. NIH Director Dr. Collins said the Undiagnosed Diseases Program, which Dr. Gahl conceived and started, serves as a kind of court of last resort for patients without a diagnosis. Dr. Gahl has convinced some of the best, brightest, and busiest physicians to participate, and has devoted tremendous energy to examining patient records, selecting cases for in-depth analysis, and helping people who are seriously ill.

Under Dr. Gahl's stewardship, the program regularly involves a collective effort by more than 25 attending physicians of different specialties. The cooperation by a diverse group of experts has helped create a coherent view of each patient instead of the organ-by-organ orientation taken by most specialists. Patients are brought to the NIH campus in Bethesda for an intensive week. They meet with a parade of specialists who study their medical histories, perform thorough exams, and take numerous tests.

The doctors then meet to discuss what they have seen, discovered, or may have missed. They also debate various theories, trying to connect the dots, and come up with a possible diagnosis and treatment.

Scientists working with Dr. Gahl discovered the genetic cause of a vascular disorder not previously identified in the medical literature. The rare condition, identified in nine individuals, arises in adulthood and causes arterial calcification in the hands and feet, but does not affect arteries in the heart. The symptoms include acute pain after walking more than a short distance. The disorder previously baffled the medical field and evaded diagnosis when conventional methods were used.

In another instance, physicians working with Dr. Gahl identified the reason why a woman's muscles had grown painfully large and hard underneath her skin, making it increasingly difficult for her to perform daily activities. This turned out to be an extremely rare, generally fatal complication of multiple myeloma, and the diagnosis by the NIH Undiagnosed Diseases Program resulted in a stem cell bone marrow transplant that allows her to lead a normal life. These are people who had no hope, no hope at all. They came to NIH, and they have gotten government-supported help to give them hope and to give them life.

Dr. Gahl earned his B.S. in biology from the Massachusetts Institute of Technology in 1972 and his M.D. from the University of Wisconsin in 1976. He obtained a Ph.D. degree in oncology research from Wisconsin's McArdle Laboratory for Cancer Research in 1981. He has published more than 350 peer-reviewed papers and trained 36 biochemical geneticists.

Dr. Gahl has made a number of seminal discoveries regarding rare diseases

during his career. He said deciding who to admit into the Undiagnosed Diseases Program is always very difficult and much like triage on the battlefield. You have to make decisions about where you think you can do some good.

The Undiagnosed Diseases Program serves people who feel helpless, have suffered greatly, have waited many years for answers, and must be treated with respect and attention. According to Dr. Gahl, the NIH caregivers understand the desperation the patients and their families feel and try to balance the difficulty finding solutions with a realistic measure of hope.

Dr. John Gallin, Director of the NIH Clinical Center, said Dr. Gahl takes cases after everyone else has given up. He said that in a short time the program has developed new approaches for investigating, understanding, and diagnosing rare disorders, and has added to the body of medical knowledge. As Dr. Gallin put it, as a result of the NIH Undiagnosed Diseases Program, the language of medicine is changing. The different specialists working together now are beginning to find common ways.

Nancy Sullivan and Bill Gahl are just two of the dedicated people who work in the Federal Government. They are not nameless, faceless bureaucrats. They are dedicated, hard-working Americans trying to make life better for all of us under difficult circumstances. At a minimum, they deserve our gratitude and respect. They also deserve a predictable and reasonable budget to support their critical work.

In the weeks ahead I will be discussing the accomplishments of other outstanding Federal workers so that Americans can understand government works for America.

I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:37 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

JUSTICE FOR VICTIMS OF TRAFFICKING ACT OF 2015—Continued

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. CASSIDY. Mr. President, I rise today to discuss a serious crime and a violation of human rights that must be stopped—human trafficking. It is a form of modern-day slavery, people profiting from the control and exploitation of others.

I rise as a doc, a fellow who has practiced in the public hospital system for 32 years, understanding the unique role nurses, physicians, and other health care providers play in this issue.

Health care providers are frontline and one of the few to interact directly